

## **INFORMATIONAL LETTER NO. 2148-FFS-D-CVD**

**DATE:** July 9, 2020

**TO:** lowa Medicaid Dentists, Federally Qualified Health Centers (FQHC),

Indian Health Services (IHS), Screening Centers, Maternal Health, and

Public Health

**APPLIES TO:** Fee-for-Service (FFS), Dental (D), Coronavirus Disease (CVD)

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** COVID-19 Enhanced Dental Payment

**EFFECTIVE:** Immediately

As part the COVID-19 emergency declaration, the IME is allowing a temporary enhanced payment to dental providers to help address facility and safety upgrades. The IME will reprocess special payment for claims received with dates of service between May 1 and August 31, 2020. Most providers do not need to take any further action (please do not bill code D1999).

Orthodontists, in lieu of a claim submission for seeing patients for routine appointments, will complete <a href="mailto:this1">this1</a> monthly roster and submit to IME Provider Services at <a href="mailto:IMEProviderOutreach@dhs.state.ia.us">IMEProviderOutreach@dhs.state.ia.us</a>. Providers should submit one file for each month, and label the file accordingly (e.g., Orthodontist\_Monthly\_Member\_Roster\_CVD\_July-2020).

The criteria listed below will apply:

- Payment is only allowed for Medicaid enrolled providers serving Medicaid members.
- Payment is allowed for Dental Wellness Plan, Hawki and Medicaid Fee-for Service claims.
- Providers will receive an additional \$8 per member, per date of service (by the same provider, facility, or group).
- Claims must be submitted by October 31, 2020, in order to be eligible for the enhanced payment.

Each Remittance Advice (RA) will contain a comment that will inform the provider/facility of the enhanced benefit.

<sup>&</sup>lt;sup>1</sup> https://dhs.iowa.gov/sites/default/files/Orthodontist Monthly Member Roster CVD.xlsx

## **Members assigned to FFS Medicaid**

For questions regarding this enhanced payment, please contact IME Provider Services at 1-800-338-7909 or send an email to imeproviderservices@dhs.state.ia.us.

## Members assigned to a Pre-Ambulatory Health Plan (PAHP)

For questions on this enhanced payment for members assigned to a dental plan administrator, please reach out to them directly at:

**Delta Dental of Iowa:** 1-800-472-1205

Managed Care of North America (MCNA): 1-855-856-6262